

<b>Case Number:</b>	CM15-0003629		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained an industrial injury on 4/10/06 with subsequent ongoing cervical, thoracic and lumbar spine pain and right shoulder pain. Treatment included L5-S1 fusion, right shoulder labral tear repair, trigger point injections to the right upper trapezius and shoulder, spinal cord stimulator, epidural steroid injection, psychological care and medications. In an office visit note dated 12/17/14, the injured worker complained of constant, moderate to severe upper, middle and lower back pain as well as bilateral upper and lower extremity pain. The injured worker reported pain at 10/10 on the visual analog scale without medications and 8/10 with medications. Review of systems revealed no complaint of abdominal pain, constipation or change in stool pattern. Current diagnoses included chronic pain due to trauma, depression, anxiety, failed back surgery syndrome, muscle spasms, facet arthropathy, low back pain, neck pain and posttraumatic stress disorder. Work status was permanent and stationary. The treatment plan included continuing current medications including Doc-Q-Lace, Dyazide 37.5mg, Gabapentin 300mg, Tizanidine 4mg, Tramadol 50mg and Miralax 17gm/dose, continued use of spinal cord stimulator and scheduling for radiofrequency lumbar. Physical examination of the cervical and lumbar spine revealed limited range of motion, normal strength and neurological examination and normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Miralax 17gr with 4 Refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DrugDigest.org, Polyethylene Glycol 3350 Powder (Miralax)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Miralax Constipation

**Decision rationale:** Request: Miralax 17gr with 4 Refills. MiraLax (polyethylene glycol 3350) is a laxative solution that increases the amount of water in the intestinal tract to stimulate bowel movements. ACOEM/CA MTUS do not address this request. MiraLax contains polyethylene glycol. According to the Thompson Micromedex FDA labeled indication for Miralax includes constipation. Patient is already using Doc-Q-Lace for constipation. The response to that is not specified in the records provided. The review of systems in the note dated 12/17/15 stated that the pt denied having constipation and revealed no complaint of abdominal pain, constipation or change in stool pattern. Rationale for using an additional medicine for constipation is not specified in the records provided. Response to Doc-Q-Lace was not specified in the records provided. The medical necessity of the request for Miralax 17gr with 4 Refills is not fully established in this patient.